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Child Welfare Emergency Services (CWES)

CWES Contract Catchment Counties, Referrals, and Placement Decisions and Protocols

Question Number	Question	Response
1	CWES catchment counties: What will be the protocol for placement of children in shelter care that is closer to the county the child resides in. For instance, children in the Carroll area are closer to shelters in Fort Dodge and Ames. Are children in that area required to be placed in the shelters within their own service area?	The placement protocols should be followed to address this. These may be found at this link: http://dhs.iowa.gov/child-welfare-systems/implementation-information
2	Through the new CWES contract, if a PMIC level of care is found to be appropriate for the child's needs does the CWES provider lead coordination of placement of that child into a PMIC. For example, will they help obtain a PMIC packet and call PMICs for placement?	Placement decisions are the responsibility of the child's DHS or JCS worker. Information known to the contractor should be provided to the referring worker and be included in referral information to any placement.
3	For children from out of state and placed in Shelter Care, do the contractors enter those type of placements in the Care Match?	Added 7/19/17 CareMatch should be used to record any bed occupied by a child whose placement is funded through the contract when they occupy a contracted bed.
4	When a family moves away from their county of origin, which is in a different Diversion Contract area, which Diversion contractor serves the family? The contractor attached to the referring worker or where the family is living at the time of the referral?	Added 7/19/17 The family would be served by the contractor responsible for where the family is residing.
5	If that family has a child that needs a shelter placement, the child would go to the referring worker's Service Area Shelter bed?	Added 7/19/17 The child would use a shelter bed closest to the family following the applicable protocol.

CWES Diversion Services

Question Number	Question	Response
1	In looking at the CWES contract/services, one of my workers asked if shelter has to offer crisis/diversion services to the family before they, shelter, commit to taking placement of the child? And if CWES Shelter Alternatives/Diversion Services develops a plan with a family for placement that we are not in agreement with, does DHS have final say on placement?	CWES providers are expected to screen every referred youth for alternative/diversion services. Youth who are referred to a shelter with a court order for placement in a bed cannot be diverted from a shelter bed without modification of the order.
2	Will CWES diversion services also assist children who have an ongoing case open?	Any child meeting the eligibility criteria for CWES may be served.
3	If there is disagreement between the referring worker and the CWES contractor regarding whether a child should receive Diversion Services or be placed in Shelter Care, who makes the final decision?	The referring worker always makes placement decisions. Regarding CWES cases without a court order, the referring worker and the CWES contractor should collaborate to reach a mutual decision on the course of action to be taken.
4	There were a number of questions about conflicts between kids in beds for Diversion vs in Shelter. Can they consider kids in Diversion beds as part of their total Guaranteed and Non-Guaranteed count or not, might they have to kick Diversion kids out of beds if they are needed by incoming Shelter referrals, etc.?	Added 7/6/17 Diversion cases are not part of the Guaranteed Payment or Non-Guaranteed Payment bed count and they are not paid or reported as such. For example, a contractor would not bill for this as a shelter placement and CareMatch would not show these as beds being used. Each CWES contractor must have the ability to serve children up to 47 hours. How that is achieved is up to the contractor and the number of beds available to them must be considered when they structure their program overall. The beds available to contractors can be used for any legitimate purpose, but contractors

		must be able to meet the contractual agreement for the number of beds needed for either guaranteed or non-guaranteed placements when those needs arise. "Contracted beds" for both CWES shelter and foster group care include the guaranteed plus non-guaranteed beds in each contract.
5	Can diversionary services be used for children in a foster home placement?	Added 7/25/17, REVISED 10/10/17 CWES diversionary services were not initially intended for children in a foster home placement; other services are in place to support these children and these families. Going forward, children with this status who meet the criteria for CWES eligibility may be served with a CWES contractor's "47-hour" approach in order to prevent further disruption to the placement. This approach may not be used to provide respite services available to foster families.
6	If a child referred for CWES services is coming from foster family care, and we would like the child to receive Diversion services, what do we do with FACs regarding that 47 hour Diversion period? There is concern that ending the child's foster family care line in SERL without having a new placement service line opened on the following day will create an issue with IV-E. *Example: Child is placed in DHS custody on 7/1/17 and placed in foster family care. That placement disrupts on 7/4/17, and child is referred for CWES, with the belief that during the 47 hour diversion period, we might come up with a better plan (different foster home, or relative placement.) A new foster home for the child is found on 7/6/17, within the 47 hour period. What should FACS reflect? Does this*	Added 7/25/17, REVISED 10/10/17 As long as the bed is utilized for no more than 47 hours and it is intended the child will return to the same foster home, the foster care placement can remain open. If it is intended the child will not return to the foster home and another placement setting has not been secured, a court order should be obtained for placement in CWES shelter care. In this case the foster home placement would end the day the child enters shelter care.

	answer vary if it is a child who has been in foster family care for a longer period of time, with a long-established IV-E eligibility?	
7	Does a CWES provider already filled to its maximum of guaranteed beds have to take referrals for Diversion from its catchment area counties?	Added 7/25/17 Yes - The CWES provider must serve all diversion kids referred from its designated counties, regardless of whether there are guaranteed beds available. The capacity to provide diversionary services is tied to the number of guaranteed payment beds in a CWES contract. That number of beds is used to calculate funding for diversion, but there is no other direct relationship to the number of beds.
8	Does a child using a shelter bed as part of Diversion "count" as a placement?	Added 7/25/17 No - Unless that child is court-ordered into a shelter bed or has a VPA in place for shelter, the child is not counted as a placement, isn't part of the guaranteed bed count, and doesn't get billed as a placement. If the child is admitted to shelter with a court order, the child is then counted as a placement.
9	Open CINA assessment. Kiddo in hospital, ready for discharge. Parents do not want kiddo back in their home. We make CWES diversionary referral. CWES staff respond and begin mediation attempts to prevent shelter placement. Mediation is not working. CWES opts for 47 hour hold option to allow additional attempts at mediation. How does child get transported from hospital (or wherever) to the shelter site for the 47 hour hold? Does the CWES provider facilitate transportation to the shelter (if family unwilling)?	Added 9/29/17 The referral worker should arrange for transportation if the family is not willing to transport the child.

CWES Service Planning and Other Services

Question Number	Question	Response
1	How do you distinguish when you get a call on a FSRP open case for Diversion services when, does Diversion kick in, is there overlap?	See protocol for interface between FSRP and CWES/Diversionary Services
2	I'm concerned about the coordination of the CWES service planning conference and FTDMs. I can see these two meetings operating in silos, rather than being coordinated. When a child is placed in group or shelter, could we expect the FSRP FTDM facilitator to make the scheduling of the FTDM a priority so these can be held concurrently more often? Workers could waste a lot of time going to two separate meetings within a week or two of one another, along with the additional travel for those who don't have shelters or group care in close proximity.	This is addressed in the Instructions for the Service Plan. These may be found at this link: http://dhs.iowa.gov/child-welfare-systems/implementation-information
3	When a shelter received a referral for a court ordered placement do they have a time limit to let the worker know if they are going to accept the client or they are going to start the process of denial? I know Group has 1 hour to accept so I didn't know if CWES had something similar as I was not finding it in the contract, protocol or Q&A.	Added 7/19/17 A response time frame is not as clearly delineated in the CWES contract related to placement into shelter. Shelter, however, is part of the overall CWES program that requires referral and screening for services. Response time should match that as defined for referral to CWES alternatives: one hour. The No Reject and No Eject practice applies and when contractors intend to reject a referral, the admission and discharge protocol must be followed.

CWES Non-Guaranteed Payment Bed Use

1	Will we continue with the current procedures requiring SAM/SAM designee approval for use of	The CareMatch system will assist referral workers to know where available beds are located. This includes guaranteed payment

	unallocated (soon called non-guaranteed) shelter beds? Any modifications now that contracts are area-specific?	beds, non-guaranteed payment beds, and other beds which are licensed but not contracted. The Contractor will get SAM approval if a non-guaranteed or non-contracted bed is needed.
2	Non-Guaranteed Bed Approval - When a CWES provider can take a child but placement would require approval of a non-guaranteed bed, whose responsibility is it to initiate the call seeking approval - DHS/JCS worker, or the CWES contractor?	The referring worker will use CareMatch to decide if requesting approval for a non-guaranteed bed or an additional bed up to a contractor's licensed capacity is necessary. SAM approval is needed for any placement that exceeds the contracted guaranteed capacity.
3	If our Service Area Shelter beds are full, do we use beds in another Service Area?	When guaranteed Shelter beds are full in a Service Area, other options would include accessing non-guaranteed beds or additional beds up to the contractor's licensed bed capacity. Placement outside the Service Area should occur only when these options have been exhausted. Specific bed count information will be available to DHS and JCS staff on the CareMatch bed tracking system effective July 1, 2017.
4	Will the current approval process for use of unallocated (non-guaranteed) CWES beds continue? If not, what is the new process?	Yes, use the same process of SAM approval sought by the referral worker.

CWES CareMatch and Other Online Reporting

Question Number	Question	Response
1	Will a back-up POC be named on children involved in CWES services, especially if the POC will be gone more than a few days?	Contact information is available in CareMatch.
2	Providers want to know what to enter in Carematch as the discharge date if a youth is discharged due to running away. Example - child goes on run from Shelter on 7/1/17, whereabouts	The provider should enter the date that the youth is actually discharged. In the example provided, the discharge date would be 7/2.

	unknown for 24 hours, and subsequently discharged from Shelter after the 24 hour period. What should the provider enter into CareMatch as the Shelter Discharge Date - 7/1/17 or 7/2/17?	
3	Critical Incidents: Urinalysis for illegal substances is a required input in JARVIS. Does this include alcohol and cigarette use as this would be illegal use by underage children?	Added 11/16/17 No. For the CISR contracts this means substances that are generally considered illegal for the general population.
4	For the CWES contract with the two components (Shelter Care & Shelter Alternatives and Diversion), do the contractors enter the family connection and critical incident information for both Shelter Care & Shelter Alternatives and Diversion or just for Shelter Care?	Added 7/19/17 Family connections information should be entered for children placed in CWES shelter. During the receipt of diversionary services as alternatives to shelter, children will remain in contact with their families.
5	When entering children in CareMatch: Does the contractor enter birth gender or gender identity to complete that question?	Added 8/4/17 The children entered in CareMatch will be listed according to their gender identity.
6	Does the system force you to do a system search first to see if the kid already has a profile in CareMatch in an effort to reduce likelihood of duplicate profiles?	Added 8/4/17 Yes, it has you first search for a child before creating a new one.
7	We had a referral that was entered into CareMatch as referral but client never arrived and was not admitted to shelter. Are we able to have them delete this entry?	Added 9/29/17 Yes, this type of Referral entry should be deleted.
8	If a client comes into shelter on a 47 hour hold should they be entering anything in the Bed Type or leaving it blank?	Added 11/16/17 The bed type should be left blank. The bed type options apply to shelter care, foster group care, and supervised apartment living. Diversion activities are not placements and are not the same as occupying beds or recording bed use.
9	Mobile Crisis was part of their RFP response as part of their diversion services. So clients that they work	Added 11/16/17 Yes, regardless of which CWES alternative to shelter placement approach is used, all

	with via the mobile crisis do they enter those clients in Care Match as a diversion?	diversion cases must be captured in CareMatch.

CWES Performance Measures

Question Number	Question	Response
1	We have had a number of youth who come into shelter over 17 years old and end up aging out of our facility and into a transitional living program (not SAL), either cluster or scattered site. These apartments or clustered sites typically have other young adults that live in or nearby but not staff or other family adults. Would these discharges be considered "Discharge to a family-like setting"? As the child is turning 18 in shelter or is moving few days before his/her 18th birthday, a more independent living setting may be more appropriate than returning to a home. This type of setting is not denoted in the contract so wanted to see if we could count these youth in our "discharge to a family like setting" outcome.	Added 9/29/17 Family-like setting is defined in the contract as a Foster Family Home, a relative placement, a pre-adoptive home, or trial home visit. Children turning age 18 in shelter are leaving the child welfare foster care system and on their own as young adults. Supervised Apartment Living (SAL and, in this case, SAL-like) is not considered a family-like setting.
2	If a client comes into CWES Shelter on a court order with the plan to go to either PMIC or Group are they part of the PM numbers since they don't have control if they go home to a family like setting.	Added 10/0117 Everyone in the shelter entry cohort is part of the performance measure.

Foster Group Care Services (FGCS)

FGCS Referrals, Admission, and Discharge, and Follow-up

Question Number	Question	Response
1	If a FGC provider has "tried everything" with a child in care and no progress has been made, can the child be referred to another FGC contractor?	This would be an unplanned discharge situation and should be addressed as per the Admission and Discharge Protocol. Placement decisions are made collectively, but ultimately are the responsibility of the referral worker.
2	No eject/no reject - If a child is referred to a FGC contractor but the provider does not believe they can serve the child well because the child is "not appropriate" for their program, can the FGC contractor reject the referral, even if the child meets age/gender parameters and has no major health issues? What is child seems to need the "D3" level of supervision or a different supervisory ratio than the program can provide - can the contractor then reject him?	All referrals and placement selection will be evaluated by the referral worker prior to the referral for placement. Beyond that, all contractors and the referral workers alike shall comply with the Admission and Discharge Protocol for Foster Group Care and CWES Shelter.
3	FGC Referral: When does the 1 hour/48 hour clock start on referral decisions? If there are pieces of information/documentation not submitted at time of referral, does the clock start only at the point when complete information has been received by the FGC contractor?	The “clock” begins when the FGCS referral form is sent to the contractor. Not all information will necessarily be available at the time the referral form is sent.
4	If Child A is referred to a FGC contractor that has one guaranteed bed left and is "accepted" to be served, but there's not a court order in hand yet for group care...and in the meantime, Child B is referred, with all info and court order in place...does the contractor stick with Child A (first referred) or Child B (first with order)?	The referral for FGCS should not be made unless a court order is in hand.

5	If a child is discharged from FGCS to a family outside the State of Iowa, does this require f-f follow up?	Added 11/16/17 No, not face to face. Other types of contact may be used instead.
6	In section 1.3.4.7 Reintegration Planning [it says]: f) Conduct face-to-face contact and interactions for at least one month post-discharge to ensure the Child is effectively reintegrating with their Family or other Family-Like Setting. How will the post-discharge youth fit or count in the maximum of 15 cases? Is the 15 cases intended to mean those youth in placement only? For the youth discharged with post-charge deliverables be allowed in addition to the 15 on-campus youth?	Added 11/16/17 Contractual staffing requirements say that each person serving in the role of the One Caseworker shall serve no more than fifteen (15) children at one time and shall have limited other duties. The children involved in the follow-up and reintegration activities post discharge are not counted among these 15 cases.
7	I have questions regarding follow up after discharge: a. if student is discharged due to turning 18 is follow up required? b. if a student is discharged from group care and moves to independent living, and the caseworker is the one that moves them, can that be considered the face to face?	Added 11/16/17 a. If a child ages out of foster care follow up is not required. It is encouraged however, and could be a good indicator of how well that child was prepared to reenter the community. b. No. Follow up post-discharge is not the same as moving from one level of care to another. Further, supervised apartment living ('independent living") is not considered a Family or Family-like setting.

8	If a child needs D2 but the contractor only has D1 beds open (or vice versa) does the contractor have to take the child?	Yes. The contractor would serve the youth who are referred. See the Admission Protocol: Agency Admission and Discharge Protocol
9	Do we continue on 7/1/17 with the current 3055 process for FGC? Do we authorize six months at a time? Do we need to do new 3055s effective July 1 on kids already in care?	The current 3055 process for FGCS will remain the same. Six months may be authorized at a time. New 3055s will need to be issued for youth whose D-level is changing. SAMs and SWAs are currently facilitating these changes to take effect July 1, 2017.
10	Is having a baby in a teen mom's custody a reason to deny admission?	This could be a reason to deny admission.
11	And - Is pregnancy a denial reason?	Pregnancy, in and of itself, is not an acceptable reason to reject a referral.
12	Can the contractor reject based on age?	Age, in and of itself, is not an acceptable reason to reject a referral.
13	If the contractor has 5 male and 5 female guaranteed payment beds, no nonguaranteed beds and had 5 male beds filled and 3 female beds filled can they deny a male placement given that licensing is not an issue?	The nature of residential units is that there is constraint around mixing male and female beds. Contractors may use the reject protocol if they are unable to accept referred youth, such as the scenario described. Being awarded a specific volume of male and female beds was based on anticipated need. Contractors are expected to be flexible in accepting males or females.
14	How should providers handle referrals they currently have on their "waiting lists" come 7/1? Namely, they are sitting full right now, and have others on a waiting list to fill beds on a first come, first serve basis as current placements leave.	Youth who need a group care placement should not be on a Contractor-imposed waiting list, as there is capacity with the FGCS Contractors for the volume of youth who are in group care. Any youth who was referred to a Contractor before July 1, 2017, but was not accepted, must have a FGCS referral form completed and emailed to the Contractor beginning on July 1. These referrals will be accepted in the order they are received.
15	How do providers handle new referrals after 7/1? Namely, they might be currently full and receive a referral for placement?	Contractors will accept referrals in the order they are received and will update CareMatch accordingly. If a Contractor reaches capacity with the volume of guaranteed beds allocated through the CISR contract, then please see question 4 for the protocol.
16	Can kids be denied for FGC admission solely due to MCOs denying BHIS?	Added 7/6/17 No. Lack of Behavioral Health Intervention Services is never a reason for rejecting a

		group care placement.
17	With the "**Protocol for Agency Placement and Discharg**e", page 2, there is the "**Review process for admission denial and unplanned discharge**". Within that section, the first two steps are seen as needing clarification. These two items are: 1. Contractor shall advise the referring entity to request the denial of admission or unplanned discharge of a child. For the DHS, notify the assigned worker. For Juvenile Court Services notify the Juvenile Court Officer (JCO). 2. Contractor shall advise the referring entity to request the denial of admission within one hour of receipt of referral. Why would the contractor advise the referring entity to request a denial of admission? That's like saying a contractor should tell DHS or JCS to ask them to deny admission of a kid DHS or JCS has referred.	Added 7/6/17 The language in question is under the section "Review process for admission denial and unplanned discharge". It's written this way because it is guidance for DHS/JCS staff. The agency/contractor will have to request a reject/eject alerting the referral worker of the need to kick in the Protocol to determine if the reject/eject will be approved - or not. The referring worker would not be "asking" the contractor if they want to reject/eject a child - the contractor must request otherwise things move forward without implementing this Protocol.
18	If a FGC provider says they can't take a kid because the kid is D2 and the beds available are D3 whom should DHS/JCS call to remind the contractor of the contract expectations?	Added 7/25/17 Contractors are expected to accept referrals on a No Reject basis and a Protocol for Agency Placement Admission and Discharge was put in place for the new CISR contracts. The level of payment bed available (i.e., D1, D2, or D3) is not one of the reasons identified in this protocol for an admission denial. Click here to view this protocol. The protocol also describes the review process for admission denial and unplanned discharge. If necessary, the Service Contract Specialist assigned to the contractor can remind the contractor of the contractual obligations.

19	A FGCs provider refused to take a child until the JCO had filled out the FGC provider's referral form...the form submitted had been the DHS referral form, and the facility wanted their own form used. Is that acceptable? JCO filled out the provider form and kid was accepted, but we want to know if providers can require a separate referral form. JCO said the FGC form contains the same info as the DHS one.	Added 7/25/17 No. Providers may ask referral workers for optional information, but admission denials (or delays) should not be based on anything outside the contracted procedures.
20	If a child goes on the run after placement is accepted by a Group Care provider what should they do with the bed? Should they be holding it for that child or should the Agency worker do a new referral once the child if found?	Added 7/25/17 A 'Runaway' is a legitimate reason to reserve a bed for a child in group care and the administrative rule lays out how to approach this. As per IAC 441 – 156.10, payment for the placement continues unless the following are applied: • Payment shall be canceled and payments returned if the facility refuses to accept the child back. • If the department and the facility agree that the return would not be in the child's best interest, payment shall be canceled effective the day after the joint decision not to return the child. • Payment shall be canceled effective the day after a decision is made by the court or parent in a voluntary placement not to return the child. Payment shall not exceed 14 consecutive days, except upon prior written approval of the service area manager. In no case shall payment exceed 30 consecutive days. A contractor cannot be paid both a reserve bed payment (as if the child were there) and for a guaranteed payment bed (as if the bed

		were vacant).
21	If a child is out of placement for detention, hospital or being on run (or maybe even extended home visits?) is there any protocol for how long the child is out, or the circumstances or other placement the child is in, before the provider discharges them?	Added 7/25/17 There is a long standing Department reserve bed payment policy for children in foster group care. In the IAC 441 – 156.10, it allows reserve beds for the four reasons of Family Visits, Hospitalization, and Runaway (each allowing up to 14 consecutive days, except upon prior written approval of the service area manager. In no case shall payment exceed 30 consecutive days), and a Pre-Placement Visit to another foster care or adoption placement (up to two consecutive days). Detention is not one of reasons allowed by the Iowa Administrative Code and when a child is court ordered held in detention the child must be discharged from foster group care.
22	Is the discharge date from FGCS the one month post-discharge after the child leaves the facility?	Added 9/29/17 The discharge date is the date that the child is officially discharged from and leaves the FGCS facility. It is not the one month post-discharge contact period.
23	Regarding the contract requirement to: Conduct face-to-face contact and interactions for at least one month post-discharge to ensure the Child is effectively reintegrating with their Family or other Family-Like Setting. I was checking the Q and A to see how frequent the monthly contact needs to be and there is nothing specific in terms of how frequent the face-to-face visits need to be.	Added 12/07/17, Updated 1/4/18 A face to face visit should occur at least once in the month following discharge, but at the contractor's discretion may be needed more frequently dependent on how well the transition from group care is going. The frequency of this contact should be determined in collaboration with the referring worker. This (or these) visits should be complemented with at least a weekly call or other non-face-to-face two-way communication. This level of communication may also be needed more frequently dependent on how well the transition from group care is going.
24	I had a question regarding . . . if we could considered a week being Monday to Sunday which would make it easier for meeting the	Added 1/4/18 Remaining consistent with past practice in the child welfare contracts, a week for purposes of CISR remains at Sunday through Saturday.

	weekly face to face requirement between the parents and the child.	

FGCS Agency Waiting List

Question Number	Question	Response
1	Are we going to continue to maintain a Group Care wait list?	Yes, the current Group Care wait list structure will still be in place at the DHS Service Area level.

FGCS Specialized Programs

Question Number	Question	Response
1	Can we refer children to specialized Group Care programs (e.g., sex offender treatment) outside of our Service Area?	**Revised 7/25/17** Children in need of sexual offender treatment should be referred to a contractor with Problematic Sexualized Behavior designated beds which are within the Service Area or are closest to the child's county of origin.
2	If our sex offender beds are full and we have an opening in our regular unit, could the kid being referred for our sexualized behavior beds be accepted into our regular unit? Then when an opening in the sexual unit opens he be transitioned over to that unit. In the meantime he would still be able to take part in our sexualized behavior treatment.	Added 1/4/18 Beds other than those designated for Problematic Sexualized Behavior can be used, but the youth in those other beds fall into the Performance Measures for those beds. There are different measures for length of stay in the problematic sexualized behavior beds vs. other group care bed.

FGCS Level of Care Change and D Code payment levels

Question Number	Question	Response
1	What will constitute a level of care change, example move from on unit to another with in a campus? Same provider but different program within	Revised 9/29/17, Revised 12/7/17 Moves between programs such as Group Care to Family Foster Care are considered changes

	that provider?	in level of care. Unit changes within a campus of a group care provider are not considered a change in level of care or placement location. Movement to another unit on the same campus may be a change in the level of PAYMENT when that movement is to another of the D-level contracted beds (i.e., when a child moves from a Non-Guaranteed Payment bed or additional bed to a vacated Guaranteed Payment bed), but it is not a change in the level of care unless the child moves from group care to, perhaps, PMIC, or off the campus to another service, like family foster care.
2	When are the D [payment] Codes changed on the 3055s for children placed in group care?	Added 12/07/17 When a referral is made to foster group care the referral worker is making a referral to an overall service, not a specific D code. The severity of a youth's presenting issues is not assessed in terms of D1, D2, or D3 codes. Foster group care providers are required to have internal agency and community supports identified to meet the individual needs of the youth referred to them. The only consideration that is given to the 3055 D code is to ensure the 3055 form accurately reflects the designated billing code of the available bed in which the youth will be placed. Only when a youth is required to be shifted from a Non-Guaranteed Payment Bed or an additional bed with a higher D code designation to the first available vacant Guaranteed Payment Bed with a lower D code designation would the provider need to request the 3055 be altered by the referring worker.

FGCS Non-Guaranteed Bed or Additional Bed Use

Question Number	Question	Response
1	Non-Guaranteed Bed Approval -	The referring worker will use CareMatch to

	When a FGC provider can take a child but placement would require approval of a non-guaranteed bed, whose responsibility is it to initiate the call seeking approval - DHS/JCS worker, or the FGC contractor?	decide if requesting a guaranteed, non-guaranteed, or additional bed up to licensed capacity. SAM approval is needed for any placement that exceeds contracted guaranteed bed capacity. Contracted beds are those that are Guaranteed and Non-Guaranteed.
2	Example - a Shelter or Group Care provider is contracted for 10 guaranteed beds and 2 non-guaranteed and they are full. When one of the guaranteed kids leaves, how should the provider determine which kid is to be moved into the open guaranteed bed?	Added 7/6/17, Revised 7/25/17 The first child into a non-guaranteed bed should be the first child out of it and into a guaranteed bed. A shelter example is different than a group care example because shelter has only a single level of payment; i.e., non-guaranteed beds are paid $101.83 per day and guaranteed beds are paid the same. A child will always go into bed of equal pay. In group care, SAM or SAM designee approved Non-Guaranteed Payment beds or additional beds will be paid at the highest level that contractor has in its contract. Let's say that's D3; thus, all Non-Guaranteed Payment bed or additional bed use will be paid at that D3 level. When a child moves to a vacated Guaranteed Payment bed (and this might result in a different payment level because the first vacant Guaranteed Payment bed that is available must be used), the referral workers will have to stay aware of this because a move to a Guaranteed Payment bed might require a change in the 3055.
3	What is the protocol if a referring worker is placing a youth in an unallocated bed?	Added 7/25/17 DHS and JCS placements into Non-Guaranteed Payment beds require the placing service area SAM or SAM designee approval.

FGCS CareMatch and Other Online Reporting

Question Number	Question	Response
1	When a child is in FGC that uses a "level system", will DHS be allowed to make determinations about family interaction, i.e., can we allow an off-campus visit before child meets the required level?	Yes. Modalities of care should not restrict, limit, or inhibit family connections. Visitation with family should not have to be earned. Daily and weekly contact requirements must be maintained regardless of program "level" status.
2	When a caseworker goes to CareMatch and sees that a bed is available, has that number already been reduced by any child pending or on a waiting list?	Once a FGCS referral is received by the contractor, the contractor is expected to input this referral into CareMatch, which will reduce the availability of vacant beds.
3	In the Group Care contract in section 1.3.4.5.d Facilitate monthly face-to-face contact and interactions with a Child's siblings unless limited by JCS, Court order, or the Agency. Can you define what is a child sibling? There is no definition on what is considered a sibling. If the child has an adult sibling does that still fall in the same category. Also doe this include 1/2 siblings and stepsiblings?	Added 7/6/17 A sibling is one of two or more persons with one or both parents in common. No distinction is made based on the age of the sibling.
4	When entering children in CareMatch: Does the contractor enter birth gender or gender identity to complete that question?	Added 7/25/17 The children entered in CareMatch will be listed according to their gender identity.
5	During training the Contractor understood they could wait until Monday to enter data in the system for a Critical Incident. The contract states within 24 hours. I haven't seen anything in writing.	Added 7/25/17 The training was held immediately prior to 1) the first weekend that contractors would be making entries; and, 2) immediately before the 4th of July holiday weekend. The determination to enter by the "end of the day Monday" pertained only to that weekend. Otherwise, the contract or CISR/JARVIS

		module guidance defines this time frame (within 24 hours).
6	Critical Incidents: Urinalysis for illegal substances is a required input in JARVIS. Does this include alcohol and cigarette use as this would be illegal use by underage children?	Added 11/16/17 No. For the CISR contracts this means substances that are generally considered illegal for the general population.
7	A question arose concerning accepting children into care that was designated as the opposite gender bed and if it needed SWA approval. I remembered the QA from FAQ, but did not remember the SWA approval requirement. It appears in this QA that it is not required, but I would like a confirmation.	Added 11/16/17 It is not a matter of needing Social Work Administrator "approval." It is a matter of the Contractors and referral workers mutually agreeing to place someone into a bed not originally allocated for that gender.
8	The next question was handling this in CareMatch. What is the approach or results in CareMatch if the contractor has the number of beds "filled" for males, have female beds open, and enter a male?	Added 11/16/17 In CareMatch two things should be entered: 1) the D level of bed that is occupied so that the availability of beds remains accurate; and, 2) the gender of the child being admitted when/where the child-specific information is entered. By entering the gender there, CareMatch will accurately show how many Males of females are in placement. Entering the type of D bed occupied by this admission will also accurately show which beds are available.

FGCS Performance Measures

Question Number	Question	Response
1	Why is DHS measuring juvenile arrests verses charges or complaints. How does DHS plan on collecting this data on a statewide level?	The performance measure related to recidivism is based on charges; this is how recidivism is defined by the Division of Criminal and Juvenile Justice Planning, the agency that will provide this data. Excerpt from the RFP: "[C]hildren adjudicated for having committed a Delinquent act who are discharged . . . will not be charged with a

		simple misdemeanor or higher charge within 365 days of discharge." The one-pager on methodology which is posted on the DHS website is being edited to reflect the definition of recidivism.
2	When determining LOS for a client that was in care prior to July 1st, does the 180 days start as of July 1st or does it continue from their previous admission date prior to July 1st?	Added 9/29/17 The new SFY18 contract Performance Measure for <180 days in care applies only to the entry cohorts beginning on or after July 1, 2017. The LOS measure does not apply to anyone in placement prior to July 1st.
3	There is no place in JARVIS to document and record the follow up face to face contacts after post-discharge from placement. Will there be or how should we handle this? Is the SP/QPR/DR form used to document the one month post-discharge face-to-face contact and interaction with the Child and Family? Or what is used to document the follow up?	Contractors shall document this information in the child's file. This will become part of the contractors own information and file system. The Service Plan/Quarterly Progress Report/Discharge Summary Report would not be used to document the one month post-discharge face-to-face contact and interactions requirement. The contractor would use their own form to document the face-to-face contact and interactions and maintain this in the Child's case file. This documentation may be provided to the Agency worker if the DHS maintains an open case post-discharge.
4	If there are services already in place, do we check to make sure those services are still in place?	Added 9/29/17 Yes, when conducting the face-to-face contact and interactions with the Child and Family. This would be the opportunity to follow up with the Family to check the progress and status of support services being provided to them.
5	If a youth has an unplanned discharge (not exactly sure what qualifies as that), is the agency still responsible for providing services for 30 days after the youth leaves?	Added 9/29/17 Yes, if the planned or unplanned discharge results in movement to family or family-like setting. No, if it is a placement to PMIC, other group care, shelter, or detention. The contract states: Conduct face to face contact and interactions for at least one month post-discharge to ensure the Child is effectively reintegrating with their Family or other Family-Like Setting. The contract's

		definition of Reintegration is the process in which a Child exits or discharges to home or another community or home-like setting.

FGCS Service Planning/Quarterly Updates/Discharge/Reintegration

Question Number	Question	Response
1	During the 30 days a group care provider is to be following up with a child and family post discharge, are they obligated to pay for sign up fees back in the home school for say football or another sport, or something similar to such fees?	The group care contract requires the provider to Conduct face-to-face contact and interactions for at least one month post-discharge to ensure the Child is effectively reintegrating with their Family or other Family-like setting. There is no contracted requirement for a provider to cover financial expenses post-discharge.
2	Does the contractor have to align the dates of the Service Plans and QPR with the 7/1/17 date, or begin the new forms at the time the reports are due? Example, all SP and QPR for children currently admitted due 9/30, or when the quarters for the children currently run?	The Service Plan and QPRs will be completed on their current cycle. Children in care before July 1, 2017, don't need to be entered into the new templates.
3	Regarding Family Connections, are contractors supposed to enter every attempted phone call and every effort a provider makes to facilitate that connection or only when a connection is made?	Added 8/4/17 Contractors will document all activities that help illustrate a Contractor's meaningful efforts to facilitate Family Connections and a relationship between a youth and relatives, even if those activities are unsuccessful. For instance, if a contractor leaves a voicemail and the parent calls back to speak with the youth, then the initial missed call is not "meaningful." If a contractor leaves 15 messages for parent and is unable to be successful, those missed calls are meaningful activities.

FGCS Contract Payment Methodology and Other Funding

Question Number	Question	Response
1	If over contracted cap we will pay the highest "D" rate they have?	The contractor will be paid at the highest level permitted by their contract for all SAM and SAM designee approved Non-Guaranteed Payment beds or additional beds that are used.
2	Is it okay if an MCO is willing to pay for 1:1 staff for a child in Foster Group Care. The purpose of the 1:1 would be for the child's safety and to maintain the placement. It is my understanding that 1:1 cannot be funded using foster care dollars but have been asked to find out if it is allowed for the MCO to pay the group care provider.	Added 10/10/17 The CISR Foster Group Care contracts that began July 1, 2017, do not address this one way or the other. If an MCO determines that a child it serves requires a level of service they provide, regardless of where the child lives, the MCO is free to provide that service. This funding cannot be used to supplement the already contracted rate of group care payment.
3	Clarification regarding the guaranteed payment methodology	Added 12/07/17 (Adapted from the FGCS Contract Amendment) Contractors submit monthly Invoices reflecting actual utilization of FGCS beds and the Agency will pay the Contractor for this use. Payment for the Guaranteed Payment Beds in the Contract will be reconciled at the end of each quarter. The payment is calculated using the following formula: The number of days in the payment quarter X the per diem value of the Guaranteed Payment Beds (D1, D2, or D3) X the number of Guaranteed Payment Beds (D1, D2, or D3). The products of the calculation for each level of payment (D1, D2, or D3) will then be summed, and this total will equal the guaranteed payment for the quarter. At the end of each payment quarter, if the total actual utilization paid or Invoiced is less than the total guaranteed payment for that quarter, the Contractor shall submit an approved, completed Invoice to the Service Contract Specialist for the balance due up to the guaranteed payment amount. If the total

		actual utilization paid or Invoiced is equal to or more than the total guaranteed payment for that quarter, the guaranteed payment will have been met or exceeded and no additional payment will be made. The Service Contract Specialist will verify the totals submitted and approve final payment.

FGCS Out of Service Area Referrals

Question Number	Question	Response
1	Now that there are three designated SO programs does that change the out of service area protocol? For example, if a DSM Service Area JCO wants to place a SO in STOP (Cedar Rapids Service Area) the prior protocol didn't require SAM approval or the other criteria but now that we have a SO program in our service area can we only use STOP or Midwest Christian if the other out of service area criteria exist and we have SAM approval from both sending and receiving SAM?	Added 7/19/17 The out of service area protocol will apply to any youth being placed outside of the SA and the 2 contiguous counties. Philosophically, youth are expected to be kept close to home. Assuming Woodward in the Des Moines Service Area has designated beds for sexualized behavior treatment that are vacant, the referral should be made to that location. If they do not have room in their program and a referral is needed to another facility with beds for sexualized behavior treatment, then the out of service area protocol would apply.
2	Does the “Out of Area Placement” protocol apply when a youth is being referred to a contractor not in the service area but is within 2 contiguous counties?	Added 7/25/17 The Protocol does not apply to: • Placements in "contiguous counties.” Contiguous counties are considered part of the effective, contracted service area for any contract that identifies contiguous counties. The placing and receiving service area SAM will be given courtesy heads up when contiguous county placement occurs. • SA contracted beds that are physically in another SA. These beds are considered part of the service area for which they were contracted. • All out of service area placements in another service area-contracted bed requires both the sending and receiving

		service area SAMs' approval prior to placement.

Supervised Apartment Living (SAL)

SAL

Question Number	Question	Response
1	Do DHS workers need to have a court order for SAL if DHS has guardianship?	Added 10/10/17 Yes, a court order for this out of home foster care placement is required, unless this need is superseded by a voluntary placement agreement entered into by the DHS.
2	We have numerals kids in DHS supervised SALs. On October 1 [2017] do we need to do an ETP for these [regarding youth having to move through cluster SAL settings before moving to scattered SAL settings]? I understand that new kids we want to have in DHS supervised settings will require an ETP...what about the old ones?	Added 10/10/17 Exceptions to policy regarding bypassing SAL cluster sites will not be needed prior to January 1, 2018, and the requirement in practice takes effect on that same date. The requirement in the SAL contracts beginning on October 1, 2017, that say children must move through SAL Cluster site setting before they can enter a SAL Scattered site setting applies to all youth entering SAL on or after January 1, 2018 and does not apply to those in SAL prior to this date. Youth entering SAL at age 18 or 19 are also exempt for this requirement. Added 11/16/17 Further, while the contract alludes to contractors ensuring a child has successfully prepared for a scattered site by first living in a cluster site, it is not the intent of the contract for the contractor to have the responsibility to determine this readiness. The contract also goes on to say this determination is up to the DHS or JCS worker. Contractors may be consulting with referral workers about this at the referral workers' request and contractors may have valuable information to share with referral workers about how well a youth is doing or has done while in cluster. But the ultimate responsibility to determine readiness for scattered sites is that of the referral worker. All of this work,

		including requesting an exception to policy if that is necessary, is decided before the referral or move to a scattered site. By the time a referral is made, the screening and approval for the SAL placement should already have been complete. Contractors are not the ones who would request an exception to policy.
3	We previously had a "rate sheet" for SAL - basically what the rates were for each service [e.g., 2601, 2611, etc.]. I'm guessing this is no longer relevant, due to the new payment structure, but people are asking about the child's monthly maintenance stipend and how much then in turn goes to the agency [contractor].	Added 10/10/17 All the former SAL service codes were discontinued beginning on October 1, 2017, when they were replaced by the codes 26CL that is now used for cluster settings and 26SC that is now used for scattered settings. Both codes represent a payment in full per day a youth is in one of these placements. The SAL monthly stipend to the youth ($787.50, formerly called monthly maintenance) and the SAL allowance if the youth does not have sufficient resources to cover initial SAL costs (up to $630) remain in place. For youth in a cluster setting, the contractor must develop a budget with each youth and the contractor may not use more than 30% of the Child's monthly stipend for rent and/or living expenses. For youth in a scattered site that is owned by the contractor, no more than 30% of the monthly stipend may go to the Contractor for rent and/or living expenses. If the contractor does not own the scattered site setting, the contractor shall not use any portion of the stipend.
4	We have a youth who has now been on run from Cluster SAL for 14 days. Does the same "reserve bed day" policy for FGCS apply to SAL? Does that youth have to be discharged at this point without approval from SAM? I assume that is a decision between the Referring Worker and us? [o]nce a youth has	Added 10/10/17 There is no reserve bed or payment policy for supervised apartment living. There are certain reasons beds can be reserved in group care, foster family care, and shelter, but none of these conditions apply to SAL. When a child leaves SAL outside the approval of the referring worker, the contractor must

	ran away that we cannot be paid for them to be in that slot?	notify the referring worker immediately and the worker will end payments for SAL (including the youth's monthly stipend). A (discharge from SAL) termination of service summary and final service plan report shall be provided by the contractor. Youth returning to SAL after such an episode shall go through the usual referral and placement process again.
5	For a child that is 18 years old and entering a SAL scattered site setting. Who gives the approval for the child to enter the SAL program? (e.g., referral worker, SAM ,Chief).	Added 11/16/17 The same screening, approval, referral and placement process is necessary for any age SAL eligible youth. Eligible youth aged 18 or 19 shall follow other Departmental protocols regarding foster care placement (e.g., voluntary placement agreements).
6	I have questions regarding follow up after discharge: a. if student is discharged due to turning 18 is follow up required? b. if a student is discharged from group care and moves to independent living, and the caseworker is the one that moves them, can that be considered the face to face? c. Is follow up required for independent living?	Added 11/16/17 a. If a child ages out of foster care follow up is not required. It is encouraged however, and could be a good indicator of how well that child was prepared to reenter the community. b. No. Follow up post-discharge is not the same as moving from one level of care to another. Further, supervised apartment living ('independent living") is not considered a Family or Family-like setting. c. No. See the answer above regarding the "independent living" question.
7	Do I need to get all new placement agreements with the new service code for the scattered site kids that we had in prior to Oct. 1, or will the old placement agreements be "grandfathered in" as ok?	Added 1/4/18 Yes, new placement agreements for the SAL contracts that began on October 1, 2017, should be in place for all youth in a SAL program, regardless of when they entered SAL. New Service Codes are being used with the new contracts.

SAL CareMatch and Other Online Reporting

Question Number	Question	Response
1	Critical Incidents: Urinalysis for illegal substances is a required input in JARVIS. Does this include alcohol and cigarette use as this would be illegal use by underage children?	Added 11/16/17 No. For the CISR contracts this means substances that are generally considered illegal for the general population.

General

Question Number	Question	Response
1	Does the Business Associate Agreement in the Contracts covers JCS?	The answer is "yes" that JCS should be able to share information with the provider, as explained in the contract/BAA, because of the 28E, court order and the contract (with confidentiality language in tact). JCS can share the same information DHS shares with the providers and should follow the same procedures for protecting the confidentiality.
2	How should kids in care be "handled" on July 1?	On July 1, 2017, transition planning that is child-centered and driven by their best interest is the goal. It is understood that all youth will not be moved closer to communities of origin on July 1, 2017.
3	When will providers have access to forms that are required under the new contract?	These forms are published on the DHS website.
4	Clarify that if a child is referred from out of the Service area from another Service Area that is an allowable reject?	The DHS has developed protocols for both placement outside a Service Area and Admission and Discharge for both CWES Shelter and Foster Group Care. They can be found at this link: http://dhs.iowa.gov/child-welfare-systems/implementation-information
5	If a child from another Service Area is accepted in a bed, and that provider gets a referral from within their contracted Service area, then what?	When a referral and admission have been approved for placement, that bed belongs to that child until official discharge. All referrals should be evaluated for appropriateness before finalizing and approving the ultimate placement.
6	Who's responsibility (referring or receiving area) is it to confirm with the provider that the out of area child can be placed at the facility?	The referring worker initiates the SAM or SAM designee approval process and confirms placement. The CISR and RRTS Protocols are available at this location: http://dhs.iowa.gov/child-welfare-systems/implementation-information
7	Who is reaching out to Law Enforcement, County Attorneys, Judges about the coverage and placement responsibilities? Is that a Service Area discussion? Or is that something Central Office is	Although Central Office has presented to various cohorts of judges. It will be a local SA responsibility to ensure that all stakeholders are aware of the changes and have access to the information they will need. Partners can be referred to the website for

	working on?	coverage information.
8	Will Carematch automatically send reports to contractors or SAM's, or will they need to log in an retrieve these reports?	CareMatch will not automatically send reports, reports are available on demand.
9	Providers would like a grid that demonstrates the overlap of coverage within SA for CWES, Group and FSRP, and who the providers are?	Maps for all CISR services can be found at this location: http://dhs.iowa.gov/child-welfare-systems/implementation-information
10	YTDMs- These are provided as part of the FSRP contract - How can JCS access these meetings for kids in FGC? Who will provide? Who will pay and how?	Each SA has someone who tracks approved YTDM meeting facilitators, and JCS may consult for options available.
11	What will be the clearly defined roles between CISR and FSRP when a child is leaving group or shelter? Will this be determined through a staffing or will the contract direct who does what? There seems to be some overlap.	Please refer to the protocols available at this link: http://dhs.iowa.gov/child-welfare-systems/implementation-information
12	Some information in the training made it sound like the contract was taking over some DHS responsibility, i.e., "Education Specialist will be directly responsible for a child's educational and related planning, services and needs." Needs to be clear to the field that DHS still has responsibility for assessing needs, talking to the family about the needs, actively ensuring services to meet needs are accessed, and documenting that. A contractor can assist DHS with meeting needs, but can't be solely responsible.	Nothing in the contract is intended to replace referral worker responsibilities. The contract requirements related to education are established to assure contractors do their part to assure continuity of approach to education matters. For example, a contract excerpt says: "Provide an Education Specialist who shall coordinate education needs and services with a Child's Referral Worker, the Child's Caseworker, and the Service Plan while a Child is in care."
13	Will the funds, formerly known as	These funds are available to youth who are

	the Friends of Foster Care Fund, which were managed through IFAPA, still be available after July 1? What are eligible expenses that the fund can cover?	14yo+ and in a foster home, group care or SAL placement. The funds can be used to cover a wide range of expenses, but are limited to $300/annually and cannot be used on expenses that would otherwise be covered by Medicaid or Tangible Goods or Ancillary services. Funding must be approved by the SAM or designee. Common expenses include graduation robes, school pictures/rings, camp, sport supplies and other school-related expenses. The new name of the fund is called Fo$ter Fund$ and is being managed by Youth and Shelter Services.
14	Can you identify all the CISR placement locations and how the "two county touch/two contiguous county" consideration functions?	Maps for all CISR services can be found at this location: http://dhs.iowa.gov/child-welfare-systems/implementation-information
15	JCS would prefer CINA kids be separated from JCS kids during placement. Is there a plan to do so? Do contractors have some discretion to separate these populations?	Contractors have the discretion to serve youth as they see appropriate. Contractors do not have the discretion to reject one population or the other.
16	Are the new standardized forms that assigned workers, CISR contractors, and RRTS contractors will need to begin using on July 1, 2017 available somewhere?	Standardized forms were created and associated training was provided statewide by Service Area Implementation Team representatives. The forms are posted on the DHS website.
17	Can, by local arrangement and agreement, the referring worker and placement contractor agree to continue to place children up to the contractor's licensed maximum for a price?	Any bed used is paid the contracted rate. Placement decisions should be guided by a desire to keep children as close to home as possible and by local practices aimed to achieve this end. All available beds in the Service Area should be considered first.
18	Where can we locate information regarding who to contact at the time of referral for each placement site across the state effective July 1,	The CareMatch system will serve as our real-time bed tracking and census management application for CWES, Group Care, and eventually SAL placements. The system is very intuitive and easy to navigate, and will

	2017?	house all the contact information referring workers will need at the time of referral.
19	Have the judges been provided information on upcoming changes related to the new contracts and the direction the Department is going?	Janee Harvey presented at the Judges at the Spring conference on May 9, 2017.
20	Is there anything with this new contract that waives DHS' case management responsibility, or is it the same as always - we still need to inquire about these things regularly, document that inquiry, and assist with ensuring educational and foster parents' needs are met? Example: On FGCS there is a slide that says "Education Specialist will be directly responsible for a child's educational and related planning, services and needs."	DHS case management responsibilities do not change. The slide reference means that those are the contractor's responsibilities for the time a child is in placement, from the perspective of the contractor.
21	Are there additional billing changes providers need to be aware of such as: will provider #'s change per each service area, etc.?	Group care billing will change to the extent that Guaranteed Bed payments are reconciled at the end of each quarter, although a monthly billing for actual use remains unchanged. A Contractor's Provider Number is not expected to change. New contractors added to the system would have their own (new) Provider Number.
22	As we move forward with the new CISR contracts, who is responsible for facilitating a FTDM or YTDM meeting while a child/youth is in group care?	If there is an open DHS child welfare service case, it is the responsibility of the SP/FSRP Services contractor to provide facilitation of the FTDM or YTDM meeting if there is an open FSRP case. If there is an open JCS case, but no open DHS child welfare service case, FSRP Service contractors are not responsible to provide facilitation of the FTDM or YTDM meeting when referred. The facilitation of the meeting is coordinated through JCS.
23	What is the back-up process for accessing Carematch on behalf of a worker who is out?	A supervisor is able to see the same case information as their staff and is capable of making a referral on behalf of their staff.

24	It appears that after the DHS worker has "verified" the match, they will not be able to see how the referral is being processed (for example, the notes LSI is putting in on the homes that have been contacted). Is that correct?	The referring worker will continue to have access to the Referral Notes section on the child's Face Sheet screen and all other information related to the child.
25	Our understanding from our RRTS contractor is that we (DHS staff) will not be able to see if a home is on hold, or if the home is "respite only." Yet - in our meeting today with LSI, staff were told that they should recommend or offer names to LSI at the time of matching. We don't want to recommend a home that is on hold or respite only. Why can't we see who is on hold?	DHS staff with Service Area wide access (SAM, SWAs, and other designated Service Area individuals) will be able to view all information on the homes in their area. DHS staff with state wide access will be able to view all information on all homes across the state.
26	It is helpful to be able to see the number of beds open for our FGC and CWES providers. But - it is our understanding that we will not be able to see that info for foster homes. Seems like that would be helpful - why can't we see that?	DHS staff with Service Area or statewide access will be able to see this information.
27	Due to July 1 being a Saturday and the Carematch training not taking place until this week, can providers have until EOD on Monday (7/3) to get CareMatch and CISR Portal entries caught up?	Yes.
28	On July 1 are we supposed to change FACS for kids currently in shelter or group with the new number that includes the three digit location code? Will it be like the new FSRP contract where all the kids are closed out June 30 and reopened July 1, or just change the number (although I don't know that is possible without closing out the old number)?	Added 7/16/17 We are only requiring FACS/CACT changes to current kids that need a change in D level. If at the time a change is made for this reason and we can go ahead and add in the Location Code, great. Otherwise, we are not requiring the filed to go into all of their current placement cases and add in a Location Code.
29	Do the FGCS and CWES contractors enter the family	Added 7/19/17 Beginning on July 1, 2017, family connections

	connection and critical incident information for just new children that enter into their programs on July 1, 2017 going forward **Or** do they also have to enter this information on the children that were already in placement prior to July 1st?	and critical incident information must be entered on behalf of all children in foster group care and CWES shelter placement.
30	Where are contractors expected to enter the Family Connection notes?	Added 8/4/17 Family Connection notes are to be entered into the CISR module.
31	Can the contractors use email as a meaningful contact between the child and parents for their daily contact.	Added 9/2917 Email should not be used in lieu of more personal communication, as would be afforded by a phone call or video call. A non-video or non-audio text "chatting" function could be a viable substitute if it happened in real time; i.e., not something read later, well after it was written and sent.
32	Are there any rules or contract provisions relating to Contractors carrying weapons during the delivery of CISR Services?	Added 1/4/18 Licensing rules prohibit firearms in shelter care and detention facilities. In foster group care, firearms and ammunition shall be kept under lock and key and inaccessible to children and when firearms are used, the facility shall have written policies regarding their purpose, use, and storage. Although Iowa issues permits to carry weapons, neither CISR services Contractors nor any child welfare service contractor shall carry dangerous weapon(s) as defined by Code of Iowa section 702.7 or offensive weapons as defined in Code of Iowa section 724.1 *Offensive weapons* during service delivery and while doing business for the Department of Human Services (DHS).